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CONFIRMATION NO. 2670

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/766,016	01/29/2004	435	1651	016800-626
<b>APPLICANTS</b> Melanie Chopart, Paris, FRANCE; Isabelle Castiel, Nice, FRANCE; Jean-Thierry Simonnet, Cachan, FRANCE; <b>** CONTINUING DATA *****</b> <i>YES</i> This appln claims benefit of 60/477,049 06/10/2003 and claims benefit of 60/477,053 06/10/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>YES</i> FRANCE 03/01058 01/30/2003 FRANCE 03/01059 01/30/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/12/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Hedley Jones</i> Examiner's Signature <i>Hedley Jones</i> Initials <i>HJ</i>		STATE OR COUNTRY FRANCE	SHEETS DRAWING 2	TOTAL CLAIMS 47
		INDEPENDENT CLAIMS 6		
<b>ADDRESS</b> 21839				
<b>TITLE</b> Reconstructed epidermis/skin equivalent comprising a ceramide 7 and /or 5.5 and lipid lamellar vesicular compositions comprising ceramide 7 and/or 5.5 compounds				
<b>FILING FEE RECEIVED</b> 1644	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	